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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/030729

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		4		4		1
6		4		4		1
7		4		4		1
8		4		4		1
9		4		4		1
10		4		4		1
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	/		/		/	
16	/		/		/	
17	/		/		/	
18	/	/	/	/	/	/
19	/		/		/	
20	/		/		/	
21		1		1		1
22		5		5		1
23		0		1		1
24		0		1		1
25	/		/		/	
26		1		1		1
27		1		1		1
28		1		1		1
29		4		1		1
30		4		1		1
31		4		1		1
32		4		1		1
33		4		1		1
34		4		1		1
35	/		/		/	
36	/		/		/	
37	/		/		/	
38	/		/		/	
39	/		/		/	
40		0		1		1
41		0		1		1
42		0		1		1
43		0		1		1
44		0		1		1
45		0		1		1
46		0		1		1
47		0		15		1
48		0		15		1
49		0		15		1
50		0		0		1
TOTAL IND.	11		11		16	
TOTAL DEP.	98		152		60	
TOTAL CLAIMS	114		163		76	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		15		1
52		0		15		1
53		0		0		1
54		0		0		1
55		0		1		1
56		0		1		1
57		0		1		1
58		0		1		1
59		0		1		1
60		0		1		1
61		0		1		1
62		0		2		2
63		0		2		2
64		1		1		1
65		1		1		1
66		1		1		1
67		1		1		1
68		1		1		1
69		1		1		1
70		0		1		1
71		0		1		1
72		0		1		1
73		0		1		1
74		0		1		1
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS